

AGENCY NAME:	South Carolina Department of Health & Environmental Control		
AGENCY CODE:	J040	SECTION:	34



Fiscal Year 2013-14 Accountability Report

SUBMISSION FORM

AGENCY MISSION

Our Mission:

To promote and protect the health of the public and the environment.

Our Vision:

Healthy people living in healthy communities.

Our Values:

Outstanding customer service, excellence in government, use of applied scientific knowledge for decision-making, local solutions to local problems, cultural competence, and employee teamwork.

Please identify your agency's preferred contacts for this year's accountability report.

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
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I have reviewed and approved the enclosed FY 2013-14 Accountability Report, which is complete and accurate to the extent of my knowledge.

AGENCY DIRECTOR

(SIGN/DATE):

(TYPE/PRINT NAME):

Catherine B. Templeton, Director SC Department of Health and Environmental Control

BOARD/CMSN CHAIR

(SIGN/DATE):

(TYPE/PRINT NAME):

Allen Amsler, Chairman, SC Board of Health and Environmental Control

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Environmental Affairs

Permit Central: In the spring of 2013, DHEC launched Permit Central, an interactive website and questionnaire that links customers to a multi-media team of staffers who help our customers draw a reliable roadmap for their permitting processes. During FY2013, Permit Central responded to 306 calls, 221 emails, and held 134 meetings. Between the last half of 2013 and the first half of 2014, Permit Central services nearly tripled.

UST Quality Assurance Program Plan: On July 1, 2011, the Underground Storage Tanks (UST) Program began implementing the Quality Assurance Program Plan (QAPP). The purpose of the QAPP is to ensure that all data produced and reported by UST site rehabilitation contractors is scientifically valid, legally defensible, and of known and acceptable precision and accuracy. Revision 2.0 of the QAPP was approved by the EPA in April 2013. To streamline the Quality Assurance (QA) approval process, the UST Program implemented the Annual Contractor Quality Assurance Plan (ACQAP) in November 2013. Based on volume of UST work, contractors are asked to submit a comprehensive QA plan, including Standard Operating Procedures. Once approved, the ACQAP is revised as needed. Contractors with approved ACQAPs can submit a Site Specific Work Plan (SSWP) that is two pages plus attachments, compared to the previous QAPP Addendums which were 20 to 25 pages plus attachments. As of June 30, 2014, 32 contractors have approved ACQAPs and 31 have been requested or are under review. Between July 1, 2013, and June 30, 2014, 1,269 reviews of QAPP Addendums and SSWPs were completed.

UST Operator Training: With the advent of the Energy Policy Act of 2005, and in accordance with UST Control Regulations R.61-92, Part 280.35, all owners/operators of underground storage tanks in SC were required to complete operator training. During this fiscal year, 488 new A/B operators were trained in SC. Retraining is another requirement for operator training. Of the 3,803 inspections performed this past year, approximately 31% involved retraining (1,190 retraining events). The majority of these took place at the time of the inspection.

Environmental Curriculum: The Office of Solid Waste Reduction and Recycling's "Action for a Cleaner Tomorrow" ("Action") is an activity-based, interdisciplinary curriculum supplement that introduces basic environmental education in the classroom. "Action" has been correlated to the state's science standards, allowing teachers who implement the program to meet state science requirements. During the 2013-2014 school year, the agency trained more than 2,300 teachers and made classroom presentations to more than 45,000 fifth-grade, seventh-grade and high school students in 451 schools. The agency trained nearly 160 educators through 3 hands-on summer workshops. During the past five school years, the program reached more than 220,000 students and 11,400 teachers.

Air Quality Improvements: The air quality in SC continues to improve even as the National Ambient Air Quality Standards (NAAQS) for the six criteria pollutants (ozone, nitrogen dioxide particulate matter, lead, carbon monoxide, and sulfur dioxide) become more stringent. Statewide, concentrations for most of these six criteria air pollutants were lower in 2013 than in 1990 for almost all averaging times of the NAAQS. On June 18, 2014, DHEC hosted a Coalition Summit to bring together local stakeholders from across the state in an effort to enhance their understanding of air quality issues and promote their involvement in meeting the NAAQS.

The Clean Air Act requires the science upon which the NAAQS are based, as well as the standards themselves, to be reviewed every five years. On December 14, 2012, the EPA strengthened the NAAQS for particulate matter. The EPA lowered the annual standard for PM_{2.5} from 15 micrograms per cubic meter to 12 micrograms per cubic meter. The EPA is currently reviewing the 2008 Eight-Hour Ozone NAAQS. Recommendations for possible changes to this standard and its associated rule making will be released in December of 2014. While more protective of human health and the environment, these more stringent standards will be a challenge for many

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states across the country to meet. If standards become stricter, SC may see some areas of the state designated as non-attainment with the standards in the future. Such a designation would result in federally-mandated measures being placed on industrial facilities and federal transportation funding. Implementing these standards as written will also require enhanced state air dispersion modeling, ambient air monitoring, and regulatory requirements. Further, additional state and federal emission reduction measures may need to be identified and implemented.

Surface Water Permitting: S.C. Regulation 61-119 (Surface Water Withdrawal, Permitting and Reporting) established implementation procedures for a new permitting program for large surface water withdrawals. DHEC issued 197 permits for all existing surface water withdrawers.

Enhancing Public Coastal Access: In 2014, DHEC awarded funding to three coastal municipalities to enhance public access and ADA-compliant facilities at 10 locations. Municipalities receiving funding include North Myrtle Beach, Myrtle Beach, and Folly Beach.

New web and mobile application engages citizen stakeholders: DHEC launched the MyCoast web and mobile application in 2014 to inform and engage stakeholders on topics related to coastal hazards (<http://mycoast.org/sc>). Two discrete, though functionally similar, tools comprise the MyCoast platform. The King Tides Initiative encourages the public to document extreme tide events and their effects on the environment, public infrastructure, and private property. StormWitness allows users to upload photographs and characterize damage associated with coastal storms. DHEC will use this information to help prioritize damage assessment activities and enhance coordination with coastal municipalities and emergency managers.

Public Health

Access to Care: Increasing access to care is a top priority for DHEC. To improve access to care, DHEC has completed an evaluation of core clinical services and identified areas of greatest need for operational improvements. The agency has also developed and implemented performance and accountability metrics to help monitor and continuously improve our services. For example, a comprehensive evaluation of WIC service delivery led to the development of new staff productivity standards and staffing mixes, as well as new scheduling standards, extended clinic hours, and the introduction of Saturday clinics to improve WIC services. The same evaluation methodology was employed for Preventive Services which includes Family Planning. We expect an increase in caseload and similarly the results will be evaluated on an on-going basis.

Additional access to care initiatives that were recently implemented include: assuring that at least one clinic location in each county is operational five days a week with stable levels of nursing and administrative staff; integrating services in our county health departments; expanding school-located vaccination influenza clinics and implementing new school-located vaccination Tdap clinics; implementing dedicated service delivery teams (comprised of nursing, social work, administrative and unlicensed assistive staff) for tuberculosis service delivery; stabilizing the finances of the home health program in order to assure continued access in underserved areas; expanding newborn screening testing hours at the Bureau of Laboratories to assure timely provision of screening results; and expanding the Nurse Family Partnership program in one of our four public health regions.

Obesity: In 2013, two out of three adults and nearly one in three children in SC were overweight or obese. To combat this growing public health problem, DHEC has made reducing and preventing obesity our top priority. In 2014, the agency mobilized key stakeholders from across the state to develop a five-year state Obesity Action

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Plan, which focuses on both long-term solutions and short-term strategies to move the needle on obesity in our state. The plan targets obesity risk factors in the places where South Carolinians live, work, play, and learn.

In addition to developing the Obesity Action Plan, DHEC collaborated with SC DSS to implement the 27 nutrition and physical activity standards adopted by the SC ABC Quality Rating and Improvement System in 1,100 child care centers across the state, which impacted an estimated 85,000 children. The agency also expanded the SC Farm to School program to an additional 15 schools in areas that are disproportionately impacted by obesity, trained over 100 school and preschool food service staffers, and became the first program in the country to offer Farm to School within a juvenile justice system.

To increase breastfeeding in SC, which is an evidence-based strategy to fight childhood obesity, DHEC worked with six hospitals (AnMed Health, Georgetown Memorial Hospital, Greenville Memorial Hospital, Medical University of SC, Roper St. Francis Mount Pleasant Hospital, and Waccamaw Community Hospital) to help them achieve "Baby Friendly Hospital" designation. This designation recognizes hospitals that implement hospital policies and procedures that support optimal breastfeeding practices for new mothers and their babies.

In 2014, DHEC also received funding to explore and test the implementation of FitnessGram 10, a web-based, comprehensive educational, testing, data management, reporting and promotional tool used to assess physical fitness and physical activity levels of children in public schools.

Healthy South Carolina Initiative (HSCI): With funding from a CDC Community Transformation Grant, the agency's Healthy South Carolina Initiative (HSCI) has provided \$4.6 million dollars annually in grant funding with over 75% going to communities in 41 of the state's 46 counties to promote healthy eating and physical activity, as well as tobacco-free living. Thanks to these community grants, DHEC estimates that between September 2011 and December 2013, 1.1 million South Carolinians gained increased access to healthy food or beverage options, 811,000 residents had more opportunities to be physically active, 210,300 people gained greater access to smoke- or tobacco-free interventions, and 35,000 more people had access to systems that help individuals' control their high blood pressure.

Breast and Cervical Cancer Screening (BCN): BCN received additional funding through two grants from Susan G. Komen for the Cure. The Komen Lowcountry Affiliate provided funding for 1,110 women in our Lowcountry public health region to receive mammograms (8 were diagnosed), and the Komen Charlotte Affiliate provided funds for an additional 221 women in York County (7 were diagnosed) to be screened for breast cancer. BCN has received donations from community organizations and business entities that totaled almost \$47,000 to provide additional breast and cervical screenings. BCN screened approximately 12,000 women during the last year.

Rapid HIV Testing: Rapid HIV testing has been widely administered through DHEC-funded, community-based organizations and some hospital emergency departments. In 2013, DHEC HIV Prevention staff established new relationships with three community or federally-qualified health centers to expand rapid HIV testing in 16 sites. These sites are in medically underserved and/or rural areas. During calendar year 2013, 18,005 rapid tests were conducted. This allowed more clients to receive immediate results and be referred to treatment sooner, thereby reducing the time that they could infect others. So far in calendar year 2014, HIV counseling, testing, and referral services training have been provided to at least 75 preventive health (STD/HIV/Family Planning/TB) nurses, which has substantially increased access to testing services. Additional community health care centers and free medical clinics are being recruited for continued expansion of rapid testing services.

Insurance and AIDS Drug Assistance Program (ADAP): The goal of the ADAP program is to provide cost-effective access to HIV medications to people living with HIV/AIDS. As existing ADAP clients are able to purchase insurance, ADAP is able to pay for premiums, co-payments, and deductibles. In calendar year 2012, more than

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4,700 people received ADAP services. By moving these clients onto insurance, there is a cost savings of \$225 per month per client. As of August 2014 of this year, the program has moved 320 clients to the insurance program.

Syphilis, HIV Awareness, Prevention and Elimination (SHAPE): The Richland County rate for syphilis is nearly three-times higher than other SC counties, and Columbia has the 10th highest AIDS case rate for metropolitan statistical areas in the US. Additionally, SC continues to be listed in the top 10 states for other STDs. DHEC's Midlands public health region and STD/HIV Division partnered with community-based organizations and medical providers to develop and begin implementing a performance-based action plan called SHAPE. The goal is to achieve a 25% reduction in syphilis and HIV in Richland County by December 2015.

S.C. Tobacco Quitline: Since the inception of the Quitline in August 2006 through June 30, 2014, the Quitline has served a total of 67,388 South Carolinians who called for assistance to quit using tobacco products. During SFY13/14, there were 15,575 calls, of which 94% were calling for assistance to quit through personal coaching and support. A significantly higher level of call volume was maintained over the previous year due largely to consistent funding that expanded services to target high-risk smokers and allowed us to offer uninsured/underinsured callers free Nicotine Replacement Therapy (NRT). As of 2013, based on the most recent quit rate of 29.4%, an estimated 11,777 South Carolinians (tobacco users only) have quit smoking or using other tobacco products, thus, saving SC approximately \$33.2 million in tobacco-related direct healthcare costs.¹

Infant Mortality, Low Birth Weight, and Prematurity: SC has reduced its infant mortality rate, but the state's rate (7.6 deaths per 1,000 live births in 2012) continues to be substantially higher than the US infant mortality rate (6.1 deaths per 1,000 live births in 2011). SC's higher infant mortality rate is largely due to a higher rate of premature and low-birth-weight births. In October of 2013, DHEC released a comprehensive infant mortality reduction plan for SC that focuses on evidence-based programs targeted at reducing SC's leading causes of death: prematurity, low-birth-weight births, birth defects, and Sudden Infant Death Syndrome (SIDS). Birth defects continue to be the leading cause of infant mortality in SC. Newborn metabolic screening is an important tool in the early identification and appropriate treatment of birth defects. In early 2014, DHEC entered into a quality improvement partnership with the SC Hospital Association to improve the turnaround time for the receipt and testing of newborn screening specimens. In March 2014, the DHEC lab began reading newborn screening test results on Saturdays and state holidays to help expedite turnaround times even more.

Health Disparities: Racial and ethnic minorities make up approximately 35% of SC's population; African Americans comprise 27.9% of the state's population, and 5.3% is of Hispanic/Latino origin. The Hispanic/Latino population has more than doubled in size since the 2000 census. While the state has seen improvement in some health indicators for minorities and some reduction of the health gap in health areas such as infant mortality, heart disease and breast cancer mortality, many disparities still exist. DHEC's Office of Minority Health helps address these disparities through initiatives such as the Language Assistance Program, which assists agency staff in ensuring that Limited English Proficient (LEP) clients have access to services and can utilize health education resources.

Title X Changes: Earlier in 2014, the Federal Office of Population Affairs, in conjunction with the CDC, released a document titled "Providing Quality Family Planning Services" (QFP). The recommendations provided in the QFP are based on the US Preventive Services Task Force (USPSTF) guidelines. These recommendations will result in a number of changes to our clinic operations for Family Planning services. Included will be Reproductive Life Plan counseling and Intimate Partner Violence screening for both males and females. Additional changes will be

¹ Calculations are based on a \$2,820 cost per smoker in direct healthcare costs in S.C. Source: Centers for Disease Control and Prevention. (2002). *Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Economic Costs – United States, 1995-1999*, MMWR 51(14):300-03.

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necessary in lab testing, scheduling and appointing, along with modifications in clinical practice and content over the next year.

Teen Pregnancy Prevention: The SC teen birth rate reached an all-time low in 2013, with 31.6 out of every 1,000 female teens delivering a live birth. This constitutes a 35.5% drop in teen births since 2009, when the rate was 49 births per 1,000 female teens. This major reduction in teen births is largely due to fewer teens reporting sexual activity and increased use of the most reliable types of birth control among sexually active teens. From 2011 to 2013, there was a 16% drop in the number of high school students reporting that they had ever had sexual intercourse. DHEC has made Long Acting Reversible Contraceptives (LARCs) a priority. With this change, the number of LARC users among DHEC family planning clients has increased by 28% since 2012.

Expansion of School-Located Vaccination Clinics (SLVC): DHEC is working to expand school-located vaccination clinics (SLVC). These SLVCs offer flu vaccine to students in the fall and Tdap (tetanus, diphtheria, and pertussis) vaccine in the spring. During the 2013-2014 school year, over 29,500 doses of vaccine were administered by DHEC through school-located vaccination clinics.

Adolescent Immunization Coverage Rates: The immunization coverage rate for adolescents in SC is increasing, but continues to be lower than the national average. There are three vaccines (Tdap, MCV, and HPV) recommended by the Centers for Disease Control and Prevention for adolescents. According to the 2012 National Immunization Survey – Teen (NIS-Teen), 64.9 % of the state’s adolescents had received 1 or more doses of Tdap (tetanus, diphtheria and pertussis) vaccine. This represents an increase of 5.5 % in Tdap vaccine coverage from the 2011 NIS-Teen data. The seventh grade school entry requirement for 1 dose of Tdap was implemented in August 2013.

Increased Access to Vaccinations: In August 2014, the agency implemented a Fee-for-Service (FFS) vaccine program in one health department site per county. This new vaccine program provides consistent, statewide access for CDC-recommended vaccines. A federally-funded Adult Vaccine Initiative (AVI) will be offered to select immunization providers in September 2014. The AVI will offer a one-time supply of Tdap vaccine and/or combination hepatitis A and B vaccine to adult immunization providers serving uninsured/underinsured adults.

Women, Infant, and Children (WIC) EBT: There is a federal mandate to convert the paper food voucher to an Electronic Benefit Transfer (EBT) delivery by October 1, 2020. Over the long term, the new system will improve customer service, the quality of the information DHEC receives, and will allow for greater accountability. The agency has hired a planning contractor to assess the feasibility of EBT and to perform a cost analysis to verify EBT affordability. The planning process is a WIC requirement that looks at WIC Information System capabilities, retailer capabilities, and baseline paper cost compared to EBT operational cost. A component of this process will be an analysis of both online and offline EBT technologies to assess the most cost-effective solution.

County Health Department Buildings: Our local county health department facilities are becoming more of a challenge. The facilities are aging, with many built in the 1950s and 1960s. Almost all of the health department facilities are owned by local county governments and making needed changes can be a challenge. These include challenges such as the location of the facilities compared to where the clients actually live that need services, the capacity of the facilities for needed services, and their quality. Considerable effort will be needed to ensure that the local county health departments meet our current and future needs.

Recruitment and Retention of Qualified Professionals: Recruitment and retention of qualified public health professionals, including advanced practice registered nurses, laboratory chemists, public health nurses, physicians, and registered dietitians continue to be a challenge. Salaries are lower than the private sector, impacting our ability to recruit. When critical positions are filled, the new employee often leaves for a higher

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salary once the person gains experience. Presently, the agency is evaluating all nursing classifications and physician classifications due to the State Office of Human Resources' proposed band reallocation.

Technology Access: The agency still utilizes a paper-based medical record system. Efforts are underway to identify what is needed to replace the paper-based system and to secure an electronic health record system for all client services, including service provision in the county health departments and community settings.

Home Health: DHEC's Home Health program attempts to assure that quality in-home therapy and nursing care is available to all that need it. The program operates on earned funds and is challenged to maintain costs below anticipated revenue. A declining caseload of patients is resulting in a reduction in revenue to support the program. The remaining revenue-generating caseload is increasingly comprised of patients with Medicare Advantage and other managed-care. Meanwhile, operational expenses increase. Maintaining sufficient and cost-effective staffing necessary to provide a full complement of services across large geographic territories also creates challenges.

PMP (Prescription Monitoring Program): The agency's Bureau of Drug Control maintains South Carolina's prescription monitoring program, which is known as SCRIPTS (SC Reporting and Identification Prescription Tracking System). This program collects information on controlled substance (CII-CIV) prescriptions dispensed in SC and has been in place since 2008. The bureau received a \$424,794 Substance Abuse and Mental Health Services Administration (SAMHSA) grant in September of 2013 for Integration of prescription monitoring program data into electronic health records of SC health care providers. DHEC also participates in the Governor's Prescription Drug Abuse Prevention Council. The agency is in the process of assessing a means to acquire analytic services and/or products to work with SCRIPTS data to expand the capacity to develop predictive models, and to detect anomalies in prescriber patterns and patient prescription behaviors.

Public Health Preparedness 2014 Winter Storm Response: A severe winter storm hit the state on February 11 and 12, 2014. DHEC staff working in public health emergency response provided support at the state and several county emergency operations centers (EOCs). Preparations for the storm began on February 10, and the State Emergency Operations Center (SEOC) was operational until February 19, 2014. DHEC central office staff remotely operated the agency's EOC. Regional staff maintained a physical presence in many county emergency operations centers, and provided staff and medical oversight to 45 citizens in nine Special Medical Needs Shelters across nine counties.

Shelter in Place Guidance: The agency's Office of Public Health Preparedness, working with the Bureau of Health Facilities Licensing, updated guidelines for coastal hospitals. The new guidelines were developed from FEMA guidance and agency experience. The guidelines include criteria for detailed plans from the hospitals on how they will protect and provide for patients who are too fragile to evacuate in advance of a projected hurricane landfall.

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Strategic Planning Template

Type	Goal	Strat	Item #	Object	Description
G	▼	1			Increase support to and involvement by communities in developing healthy and environmentally sound communities
S			1.1		Increase support to develop healthy communities
O			1.1.1		Assist communities in developing community-based health improvement plans
O			1.1.2		Building the capacity of DHEC and community staff at the local level to retrieve, analyze and present data
O			1.1.3		Improve partnerships with other state agencies to better impact the public's health and environment
O			1.1.4		Support the development and funding of a statewide trauma system
S			1.2		Protect the public against food-, water- and vector-borne diseases
O			1.2.1		Map the location of septic tanks and wells statewide
O			1.2.2		Work with local governments to improve maintenance of septic tanks
O			1.2.3		Reduce food-borne disease outbreaks
O			1.2.4		Reduce the impact of vector-borne diseases and potential rabies exposures
O			1.2.5		Protect public drinking water
S			1.3		Promote a coordinated, comprehensive public health preparedness and response system for natural or man-made disasters or terrorist events
O			1.3.1		Develop a Public Health Emergency Management Plan and procedures integrated into the state Emergency Operations Plans and State Homeland Security Strategy
O			1.3.1		Security Strategy
O			1.3.2		Provide necessary equipment to staff and community partners to enable safe responses
O			1.3.3		Improve public health capabilities to detect, prevent and respond to natural disasters, technological disasters or acts of terrorism.
S			1.4		Work with local governments and communities to improve land use plans to balance growth and natural resource protection
O			1.4.1		Partner with local governments and communities to encourage and improve land use planning and natural resource protection
O			1.4.2		Increase agency participation in efforts to address broad statewide and regional natural resource protection and land use planning
S			1.5		Expand public knowledge of and involvement in environmental and health issues
O			1.5.1		Increase public awareness through health and environmental education, publications, presentations and the DHEC Web site
O			1.5.2		Encourage public participation in DHEC activities whenever appropriate
G		2			Improve the quality and years of healthy life for all.
S			2.1		Promote healthy behaviors
O			2.1.1		Develop effective state and local partnerships to promote healthy behaviors including good nutrition, physical activity and tobacco use cessation
O			2.1.2		Provide best practices, consultation and training regarding risk reduction/health promotion programs and policies
O			2.1.3		Implement interventions to prevent tobacco use, promote cessation and reduce exposure to secondhand smoke
O			2.1.4		Collaborate with public and private partners to develop and implement statewide prevention plans targeting diabetes, cardiovascular health, cancer, injury, tobacco, obesity or associated risk factors.
O			2.1.4		health, cancer, injury, tobacco, obesity or associated risk factors.
O			2.1.5		Provide education and information to providers on the importance of prevention and early detection of major cancers.
O			2.1.6		Develop and implement a model employee-focused wellness program at DHEC.
S			2.2		Reduce the occurrence of vaccine preventable diseases
O			2.2.1		Maintain and improve immunization rates among children age 19 to 35 months
O			2.2.2		Improve influenza and pneumococcal vaccination coverage among adults, 65 years and older, and decrease the coverage disparity between white and minority seniors
O			2.2.2		white and minority seniors
O			2.2.3		Develop and implement an Immunization Registry
O			2.2.4		Increase the percent of public vaccine provider assessments of immunization levels within the past two years.
O			2.2.5		Identify and secure resources to support the implementation of recommended vaccines
S			2.3		Improve maternal and child health
O			2.3.1		Increase the percent of newborns receiving a newborn home visit.

O	2.3.2	Risk assess and refer appropriately all pregnant women who are public health department clients
O	2.3.3	Review all infant deaths and unexplained or unexpected child deaths
O	2.3.4	Increase the percent of the targeted population who receive Women, Infants and Children (WIC) nutrition services
O	2.3.5	Increase the percent of infants who are breastfed.
O	2.3.6	Increase the percent of newborn children who receive screenings and follow-up for hearing impairment, inborn errors of metabolism
O	2.3.6	and hemoglobinopathies.
O	2.3.7	Identify, secure resources and implement a statewide initiative that addresses asthma incidence.
O	2.3.8	Improve reproductive health services to women and men in need
S	2.4	Improve the quality of life for seniors living at home and in long-term care facilities
O	2.4.1	Raise awareness among seniors, family caregivers and providers of elder care on ways to reduce injuries to seniors due to falls
O	2.4.2	Maintain access to home health services.
O	2.4.3	Collaborate with public and private partners to promote healthy aging.
S	2.5	Improve access to comprehensive, high quality care
O	2.5.1	Increase the number of medical home partnerships for pregnant women, children and children with special health care needs
O	2.5.2	Improve the effectiveness of the BabyNet program. (Obsolete program is no longer a DHEC Program)
O	2.5.3	Expand the breast and cervical cancer treatment programs
O	2.5.4	Improve the quality of emergency medical services throughout South Carolina, particularly in rural and underserved areas
O	2.5.5	Increase the percent of federally qualified and rural health care centers that have integrated "Clinical Preventive Services"
O	2.5.5	into their daily practices
G	3	Eliminate health disparities
S	3.1	Reduce disparities in the incidence and the impact of communicable diseases
O	3.1.1	Increase the number of community-based, minority-serving organizations that are implementing strategies to address HIV
O	3.1.2	Strengthen the capacity of community-based organizations and local public health departments to implement and evaluate
O	3.1.2	Effective STD/HIV prevention and care programs
O	3.1.3	Increase the proportion of minority HIV-infected and high-risk persons receiving appropriate prevention, referral and care/treatment services.
O	3.1.4	Decrease the incidence of perinatal HIV transmission
O	3.1.5	Eliminate syphilis among South Carolina residents
O	3.1.6	Decrease the prevalence of chlamydia and gonorrhea.
O	3.1.7	Increase the percent of patients with newly diagnosed tuberculosis who complete therapy within 12 months.
S	3.2	Reduce disparities in illness, disability and premature deaths from chronic diseases
O	3.2.1	Increase the number of minorities with diabetes who receive recommended diabetes care (eye exams, foot exams,
O	3.2.2	flu/pneumonia immunizations and A1c tests)
O	3.2.2	Increase the percent of high-risk minorities who receive diabetes information and/or diabetes self-management education
O	3.2.3	Develop and implement a social marketing-based educational program targeting African-American men that increases their
O	3.2.3	awareness about the need for prostate screening
O	3.2.4	Increase the percent of minority women screened through the Best Chance Network program.
O	3.2.5	Increase the number of minorities at risk for heart attacks and stroke who are receiving education interventions.
O	3.2.6	Develop and implement community- and faith -based initiatives to address health disparities.
G	4	Protect, enhance and sustain environmental and coastal resources
S	4.1	Protect the environment to improve public health and safety
O	4.1.1	Collect data to assess and characterize environmental conditions
O	4.1.2	Increase areas in South Carolina where environmental standards for air, water, and land and waste management are met.
O	4.1.3	Reduce non-compliance of regulated activities and facilities to meet applicable protective standards.
O	4.1.4	Minimize the impact to public health and the environment from environmental emergencies, disasters and spills.
O	4.1.5	Reduce exposure to contaminants.
S	4.2	Enhance environmental and coastal resources
O	4.2.1	Promote improvement in environmental quality beyond current regulatory standards

O	4.2.2	Reduce the amount of waste generated.
O	4.2.2	Attain healthy and publicly accessible beaches
S	4.3	Restore impaired natural resources and sustain them for beneficial use.
O	4.3.1	Clean and restore Brownfields and other contaminated sites for beneficial uses.
O	4.3.2	Reduce direct and indirect loadings of pollutants to surface waters and groundwater.
S	4.4	Protect coastal and other sensitive areas
O	4.4.1	Protect sensitive and fragile areas against impacts from encroaching development and restore and/or enhance these areas
O	4.4.1	as opportunities are presented
O	4.4.2	Coordinate with the research community to better direct research toward identified environmental management needs
O	4.4.3	Improve, in conjunction with other partners, education through outreach to the community, developers, local officials and the public.
G	5	Improve organizational capacity and quality
S	5.1	Provide continuous development of a competent and diverse workforce
O	5.1.1	Develop and implement a workforce plan in each deputy area that identifies areas of critical need, gaps, core competencies
O	5.1.1	and training needs
O	5.1.2	Provide adequate workforce capacity building and knowledge transfer.
O	5.1.3	Implement an agency learning management system to automate the administration of training plans and events for all public health
O	5.1.3	workers, health care providers and community response partners
O	5.1.4	Ensure that agency managers are using available and appropriate incentives to reward and recognize deserving employees.
O	5.1.5	Improve agency recruitment strategies to increase the pool of qualified applicants
S	5.2	Provide reliable, valid and timely information for internal and external decision-making
O	5.2.1	Improve standards across the agency for collecting, processing and distributing data.
O	5.2.2	Continue to develop Public Health Informatics infrastructure to improve data and system integration.
O	5.2.3	Develop and maintain a management scorecard of measures to monitor agency progress on strategic plan goals and objectives.
O	5.2.4	Improve and increase public health and environmental information available to the public through the agency Web site.
O	5.2.5	Complete DHEC's core data system integration of S. C. Vital Records and Statistics Integrated Information System (SCVRSIIS),
O	5.2.5	Carolina Health Electronic Surveillance System (CHESS) and Client Automated Records and Encounter System (CARES)
O	5.2.6	Improve the analysis and dissemination of health disparities data.
S	5.3	Ensure customer focus and cultural competence in the agency
O	5.3.1	Develop a standard set of agency criteria for creating customer-focused programs which: 1) identifies key customers, their
O	5.3.1	expectations and requirements; 2) creates structured feedback mechanisms; and 3) allows feedback to be used to improve programs
O	5.3.2	Assure that culturally and linguistically appropriate service policies and procedures are a part of each deputy area operational plan
O	5.3.3	Evaluate and improve the effectiveness of the agency's cultural competency efforts.
S	5.4	Improve the linkage between funding and agency strategic direction
O	5.4.1	Evaluate and develop activity-based cost accounting systems that provide unit cost information on major agency functions.
O	5.4.2	Implement improved budgeting processes to allow for better management of agency operations
S	5.5	Improve operational efficiencies through the use of improved technology and facilities
	5.5.1	Increase the percent of staff who have access to and use appropriate information and communication technology
	5.5.2	Continue to pursue consolidation of the agency's facilities and workforce where appropriate.

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Performance Measurement Template

Item	Performance Measure	Last Value	Current Value	Target Value	Time Applicable	Data Source and Availability	Reporting Freq.	Calculation Method	Associated Objective(s)
1	National Ambient Air Quality Standards - Ozone Primary Standard								
1	Abbeville	0.064	0.060	.075 or less	2013	SC Ambient Air Monitoring Network	Annually	3 year average of annual 4th highest daily maximum 8-hour average ozone concentration	4.1.1; 4.1.2; 4.1.3; 4.1.4; 4.1.5
1	Aiken	0.064	0.062	.075 or less	2013	SC Ambient Air Monitoring Network	Annually	3 year average of annual 4th highest daily maximum 8-hour average ozone concentration	4.1.1; 4.1.2; 4.1.3; 4.1.4; 4.1.5
1	Anderson	0.073	0.068	.075 or less	2013	SC Ambient Air Monitoring Network	Annually	3 year average of annual 4th highest daily maximum 8-hour average ozone concentration	4.1.1; 4.1.2; 4.1.3; 4.1.4; 4.1.5
1	Berkeley	0.064	0.061	.075 or less	2013	SC Ambient Air Monitoring Network	Annually	3 year average of annual 4th highest daily maximum 8-hour average ozone concentration	4.1.1; 4.1.2; 4.1.3; 4.1.4; 4.1.5
1	Charleston	0.066	0.063	.075 or less	2013	SC Ambient Air Monitoring Network	Annually	3 year average of annual 4th highest daily maximum 8-hour average ozone concentration	4.1.1; 4.1.2; 4.1.3; 4.1.4; 4.1.5
1	Cherokee	0.070	0.066	.075 or less	2013	SC Ambient Air Monitoring Network	Annually	3 year average of annual 4th highest daily maximum 8-hour average ozone concentration	4.1.1; 4.1.2; 4.1.3; 4.1.4; 4.1.5
1	Chesterfield	0.065	0.062	.075 or less	2013	SC Ambient Air Monitoring Network	Annually	3 year average of annual 4th highest daily maximum 8-hour average ozone concentration	4.1.1; 4.1.2; 4.1.3; 4.1.4; 4.1.5
1	Colleton	0.063	0.056	.075 or less	2013	SC Ambient Air Monitoring Network	Annually	3 year average of annual 4th highest daily maximum 8-hour average ozone concentration	4.1.1; 4.1.2; 4.1.3; 4.1.4; 4.1.5
1	Darlington	0.070	0.066	.075 or less	2013	SC Ambient Air Monitoring Network	Annually	3 year average of annual 4th highest daily maximum 8-hour average ozone concentration	4.1.1; 4.1.2; 4.1.3; 4.1.4; 4.1.5
1	Edgefield	0.063	0.058	.075 or less	2013	SC Ambient Air Monitoring Network	Annually	3 year average of annual 4th highest daily maximum 8-hour average ozone concentration	4.1.1; 4.1.2; 4.1.3; 4.1.4; 4.1.5
1	Greenville	0.069	0.067	.075 or less	2013	SC Ambient Air Monitoring Network	Annually	3 year average of annual 4th highest daily maximum 8-hour average ozone concentration	4.1.1; 4.1.2; 4.1.3; 4.1.4; 4.1.5
1	Greenville	0.066	0.063	.075 or less	2013	SC Ambient Air Monitoring Network	Annually	3 year average of annual 4th highest daily maximum 8-hour average ozone concentration	4.1.1; 4.1.2; 4.1.3; 4.1.4; 4.1.5

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								Performance Measurement Template	
Item	Performance Measure	Last Value	Current Value	Target Value	Time Applicable	Data Source and Availability	Reporting Freq.	Calculation Method	Associated Objective(s)
1	Oconee	0.064	0.059	.075 or less	2013	SC Ambient Air Monitoring Network	Annually	3 year average of annual 4th highest daily maximum 8-hour average ozone concentration	4.1.1; 4.1.2; 4.1.3;4.1.4; 4.1.5
1	Pickens	0.071	0.067	.075 or less	2013	SC Ambient Air Monitoring Network	Annually	3 year average of annual 4th highest daily maximum 8-hour average ozone concentration	4.1.1; 4.1.2; 4.1.3;4.1.4; 4.1.5
1	Pickens	NA	0.064	.075 or less	2013	SC Ambient Air Monitoring Network	Annually	3 year average of annual 4th highest daily maximum 8-hour average ozone concentration	4.1.1; 4.1.2; 4.1.3;4.1.4; 4.1.5
1	Richland	0.061	0.057	.075 or less	2013	SC Ambient Air Monitoring Network	Annually	3 year average of annual 4th highest daily maximum 8-hour average ozone concentration	4.1.1; 4.1.2; 4.1.3;4.1.4; 4.1.5
1	Richland	0.070	0.065	.075 or less	2013	SC Ambient Air Monitoring Network	Annually	3 year average of annual 4th highest daily maximum 8-hour average ozone concentration	4.1.1; 4.1.2; 4.1.3;4.1.4; 4.1.5
1	Richland	0.073	0.069	.075 or less	2013	SC Ambient Air Monitoring Network	Annually	3 year average of annual 4th highest daily maximum 8-hour average ozone concentration	4.1.1; 4.1.2; 4.1.3;4.1.4; 4.1.5
1	Spartanburg	0.075	0.072	.075 or less	2013	SC Ambient Air Monitoring Network	Annually	3 year average of annual 4th highest daily maximum 8-hour average ozone concentration	4.1.1; 4.1.2; 4.1.3;4.1.4; 4.1.5
1	York	0.065	0.063	.075 or less	2013	SC Ambient Air Monitoring Network	Annually	3 year average of annual 4th highest daily maximum 8-hour average ozone concentration	4.1.1; 4.1.2; 4.1.3;4.1.4; 4.1.5
2	Hazardous Waste Site Cleanup Actions (% of sites undergoing cleanup)	67%	69%	NA	7/1/2013-6/30/2014	EFIS	Annually		4.1.1; 4.1.2; 4.1.3;4.1.4; 4.1.5; 4.2.1; 4.3.1; 4.3.2
3	Underground Storage Tank (US) Cleanups Complete	7,256	7,420	7,246	7/1/2013-6/30/2014	EFIS	Annually		4.1.1; 4.1.2; 4.1.3;4.1.4; 4.1.5; 4.2.1; 4.3.1; 4.3.2
4	Uncontrolled Waste Sites Status	New Metrics in 2014							4.1.1; 4.1.2; 4.1.3;4.1.4; 4.1.5; 4.2.1; 4.3.1; 4.3.2
4	Open Sites		1,084	NA	7/1/2013-6/30/2014	EFIS	Annually		4.1.1; 4.1.2; 4.1.3;4.1.4; 4.1.5; 4.2.1; 4.3.1; 4.3.2
4	Closed Sites		2,616	NA	7/1/2013-6/30/2014	EFIS	Annually		4.1.1; 4.1.2; 4.1.3;4.1.4; 4.1.5; 4.2.1; 4.3.1; 4.3.2
4	Total Sites		3,700	NA	7/1/2013-6/30/2014	EFIS	Annually		4.1.1; 4.1.2; 4.1.3;4.1.4; 4.1.5; 4.2.1; 4.3.1; 4.3.2
5	Voluntary Cleanup Program Accomplishments	Status is captured in next 3 rows							4.1.1; 4.1.2; 4.1.3;4.1.4; 4.1.5; 4.2.1; 4.3.1; 4.3.2

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								Performance Measurement Template	
Item	Performance Measure	Last Value	Current Value	Target Value	Time Applicable	Data Source and Availability	Reporting Freq.	Calculation Method	Associated Objective(s)
5	Voluntary Clean-up Contracts Signed	375	429	NA	7/1/2013-6/30/2014	EFIS	Annually		4.1.1; 4.1.2; 4.1.3;4.1.4; 4.1.5; 4.2.1; 4.3.1; 4.3.2
5	Voluntary Clean-up Contracts Completed	125	150	NA	7/1/2013-6/30/2014	EFIS	Annually		4.1.1; 4.1.2; 4.1.3;4.1.4; 4.1.5; 4.2.1; 4.3.1; 4.3.2
5	Acres Restored Under Brownfield Program	5500	5912	NA	7/1/2013-6/30/2014	EFIS	Annually		4.1.1; 4.1.2; 4.1.3;4.1.4; 4.1.5; 4.2.1; 4.3.1; 4.3.2
6	SC Population Served by Community Drinking Water Systems in Full Compliance	95%	98%	99%	1/12013-12/31/2013	SDWIS	Annually		1.2.1; 1.2.2; 1.2.5; 4.1.1; 4.1.2; 4.1.3;4.1.4; 4.1.5; 4.2.1; 4.3.1; 4.3.2
7	Waters Supporting Fishable/Swimmable Uses	72.60%	72.50%	75% by 2014	2008-2012	SC Integrated Report, Section 305b	Biennial		1.2.1; 1.2.2; 1.2.5; 4.1.1; 4.1.2; 4.1.3;4.1.4; 4.1.5; 4.2.1; 4.3.1; 4.3.2; 4.4.1; 4.4.2; 4.4.3
8	Average Number of Unannounced and Follow-up Food Facility Inspections per Facility	2.1	2.1	4	7/1/2013-6/30/2014	Steton	Annually		1.2.3
9	Number of Actual Food Service Inspectors vs. Number Needed to meet Standard of 150 Facilities per Inspectors								1.2.3
9	Actual Number of FTE Equivalent Inspectors	89	81		7/1/2013-6/30/2014	Steton	Annually		1.2.3
9	Number of FTE Equivalent Inspectors needed to meet standard	125	124		7/1/2013-6/30/2014	Steton	Annually		1.2.3
10	SNAP Nutrition Encounters <i>NEW</i>	10,678	16,378	21,291	10/1/2012-9/30/2013	USDA EARS	Annually		1.1.1; 1.1.2; 1.1.3; 1.5.1; 1.5.2; 2.1.1; 2.1.2; 2.1.3; 2.1.4; 2.1.5; 2.1.6
11	Best Chance Network Percentage of Abnormal Breast Screenings with Completed Diagnostic Work-up	97%	95%	90%	1/1/2013-12/31/2013	Medt-IT system	Annually	Number of women in abnormal breast screenings and completed diagnostic work-up/ Number of women and abnormal breast screenings	1.1.1; 1.1.2; 1.1.3; 1.5.1; 1.5.2; 2.1.1; 2.1.2; 2.1.3; 2.1.4; 2.1.5; 2.1.6; 2.2.5; 3.2.3; 3.2.4
12	Family Planning Caseload	87,185	75,057	90000	FY 2014	PATS - Patient Automated Tracking System	Annually	Number of unduplicated users served in FP during applicable time period.	2.3.1; 2.3.2; 2.3.3; 2.3.4
13	Percentage of Medicaid Newborns Receiving a Postpartum Newborn Home Visit by DHEC	23%	29.70%		FY 2014	ORS Data Systems - There is no target value for this measure	Annually		2.3.1; 2.3.2; 2.3.3; 2.3.4

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Performance Measurement Template									
Item	Performance Measure	Last Value	Current Value	Target Value	Time Applicable	Data Source and Availability	Reporting Freq.	Calculation Method	Associated Objective(s)
14	WIC Total Participation	125,368	112,131	132,945	FY 2014	CARES - Clinical Information System	Annually		2.3.1; 2.3.2; 2.3.3; 2.3.4
15	Estimated Vaccine Coverage of Children 19-35 months, SC	70%	71.80%	Healthy People 2020 Goal = 80%	2012 NIS	National Imz Survey (NIS), updated annually released in September	Annually	Data as reported by CDC	2.2.1; 2.2.2; 2.2.3; 2.2.4 2.2.5
16	Immunization School-Age Flu Coverage	2011-2012 Flu Season Data	2012-2013 Flu Season Data	Healthy People 2020 Goal	8/2012-5/2013 Flu Season Data	National Health Interview Survey (NHIS) updated annually	Annually	Data as reported by CDC	2.2.1; 2.2.2; 2.2.3; 2.2.4 2.2.5
16	5-12 Year Olds	60.60%	58%	80%			Annually		2.2.1; 2.2.2; 2.2.3; 2.2.4 2.2.5
16	13-17 Year Olds	22.60%	37.20%	80%			Annually		2.2.1; 2.2.2; 2.2.3; 2.2.4 2.2.5
17	Vaccine Cover Among Adolescents 13-17 Years Old, SC	2011 NIS-Teen Data	2012 NIS-Teen Data	Health People 2020 Goals	2012 NIS Teen Data	National Imz Survey (NIS), updated annually released in late July or August	Annually	Data as reported by CDC	2.2.1; 2.2.2; 2.2.3; 2.2.4 2.2.5
17	TDAP	60%	64.90%	80%			Annually		2.2.1; 2.2.2; 2.2.3; 2.2.4 2.2.5
17	MCV	55%	58.50%	80%			Annually		2.2.1; 2.2.2; 2.2.3; 2.2.4 2.2.5
17	HPV-1 Dose	39%	41.90%	80%			Annually		2.2.1; 2.2.2; 2.2.3; 2.2.4 2.2.5
17	HPV-3 Dose	21%	26.60%	80%			Annually		2.2.1; 2.2.2; 2.2.3; 2.2.4 2.2.5
18	Number of HIV Tests Performed in DHEC Clinics and New Infections Diagnosed by DHEC Staff	285	134		January 2013-December 2013	eHARS Enhanced HIV/STD Reporting System. There is no specific target value for this measure	Two Year Cycle		2.2.1; 2.2.2; 2.2.3; 2.2.4 2.2.5
19	South Carolina Tobacco Quitline Call Volume	8,919	15,575	15,000	7/1/13-6/30-14	Quitline Monitoring Reports	Annually	Annual sum of monthly call volume reports	2.1.1; 2.1.2; 2.1.3; 2.1.4;

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Program Template

Program/Title	Purpose	FY 2012-13 Expenditures				FY 2013-14 Expenditures				Associated Objective(s)
		General	Other	Federal	TOTAL	General	Other	Federal	TOTAL	
I. Administration	Provides executive leadership, support, policy development, financial services, facilities management and personnel services. This activity represents the "overhead."	\$ 5,222,756	\$ 13,375,170	\$ 31,759	\$ 18,629,686	\$ 6,006,818	\$ 11,844,580	\$ 77,051	\$ 17,928,448	1.5.1; 1.5.2; 2.1.6; 5.1.1; 5.1.2; 5.1.3; 5.1.4; 5.1.5; 5.2.1; 5.2.3; 5.2.4; 5.2.5; 5.2.6; 5.3.1; 5.3.2; 5.3.3; 5.4.1; 5.4.2; 5.5.1; 5.5.2
II. A. 1 Underground Storage Tanks	Ensures a comprehensive approach to management of underground storage tanks through permitting, outreach, compliance and enforcement, assessment and remediation.	\$ -	\$ 19,017,292	\$ 1,629,815	\$ 20,647,107	\$ -	\$ 21,670,681	\$ 1,131,607	\$ 22,802,289	1.5.1; 1.5.2; 4.1.1; 4.1.2; 4.1.3; 4.1.4; 4.1.5; 4.4.1; 4.4.2; 4.4.3
II. A. 2 Water Quality Improvement	Ensures a comprehensive approach to public drinking water, water quality protection, and recreational waters through permitting, inspections, public education and complaint response	\$ 7,731,182	\$ 9,927,566	\$ 8,522,398	\$ 26,181,147	\$ 4,698,821	\$ 6,278,302	\$ 7,121,948	\$ 18,099,071	1.1.1; 1.1.2; 1.1.3; 1.2.1; 1.2.2; 1.2.3; 1.3.3; 1.4.1; 1.4.2; 1.5.1; 1.5.2
II. A. 3 Environmental Health	Ensures a comprehensive approach to safe food supplies and ground water drinking water quality protection through permitting, inspections, public education and complaint response	\$ 9,757,984	\$ 2,207,613	\$ 113,936	\$ 12,079,533	\$ 14,904,483	\$ 7,588,618	\$ 5,271,889	\$ 27,764,991	1.1.2; 1.1.3; 1.2.1; 1.2.2; 1.2.3; 1.2.4; 1.2.5
II. B. 1 Coastal Resource Improvement	Protects, conserves and encourages the beneficial use of the beaches and the coastal zone through planning partnerships and enforcement of laws and regulations	\$ 724,096	\$ 129,617	\$ 1,582,755	\$ 2,436,467	\$ 840,561	\$ 267,820	\$ 1,858,541	\$ 2,966,922	1.1.1; 1.1.2; 1.1.3; 1.3.3; 1.4.1; 1.4.2; 1.5.1; 1.5.2; 4.1.1; 4.1.2; 4.1.3; 4.1.4; 4.1.5; 4.2.1; 4.2.2; 4.4.1; 4.4.2; 4.4.3
II. C. Air Quality Improvement	Ensures that all citizens live in areas where all air standards (National Ambient Air Quality Standards) are met and reduces the potential of adverse health effects.	\$ 875,498	\$ 7,342,974	\$ 2,871,124	\$ 11,089,596	\$ 2,397,994	\$ 3,717,672	\$ 1,845,620	\$ 7,961,286	1.1.1; 1.1.2; 1.1.3; 1.3.2; 1.3.3; 4.1.1; 4.1.2; 4.1.3; 4.1.4; 4.1.5
II. D. Land Quality Improvement	Maintains registration records, permits, conducts compliance monitoring activities for solid wastes, infectious waste and hazardous waste sites	\$ 2,182,951	\$ 10,948,783	\$ 7,396,390	\$ 20,528,124	\$ 1,194,593	\$ 9,656,452	\$ 4,858,539	\$ 15,709,584	1.1.1; 1.1.2; 1.1.3; 1.4.1; 1.4.2; 1.5.1; 1.5.2; 4.3.1; 4.3.2; 4.4.1; 4.4.2; 4.4.3

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Program Template

Program/Title	Purpose	FY 2012-13 Expenditures				FY 2013-14 Expenditures				Associated Objective(s)
		General	Other	Federal	TOTAL	General	Other	Federal	TOTAL	
II. E. 1 Family Health - Infectious Disease Prevention	Ensures that food and beverages served in food service facilities are safe. Tracks and monitors the distribution and causes of Disease.	\$ 14,298,722	\$ 6,390,730	\$ 38,824,783	\$ 59,514,235	\$ 15,234,266	\$ 12,187,440	\$ 42,508,708	\$ 69,930,414	1.1.1; 1.1.2; 1.1.3; 1.5.1; 1.5.2; 2.1.2; 2.2.1; 2.2.2; 2.2.3; 2.2.4; 3.1.1; 3.1.2; 3.1.3; 3.1.4; 3.1.5; 3.1.6; 3.1.7
II. E. 1. a Palmetto Aids Life Support	Provides case management, housing assistance, peer counseling, risk reduction education and training, and other support services and referral for persons living with HIV	\$ 50,000		\$ (4,811)	\$ 45,189	\$ 50,000			\$ 50,000	3.1.1; 3.1.2; 3.1.3; 3.1.4
II. E. 2 Maternal/Infant Health	Improves the health of all children and families in the state with an emphasis on eliminating health disparities.	\$ 2,025,994	\$ 32,982,211	\$ 101,442,096	\$ 136,450,300	\$ 1,854,749	\$ 37,670,506	\$ 91,859,886	\$ 131,385,142	1.1.1; 1.1.2; 1.1.3; 1.5.1; 1.5.2; 2.3.1; 2.3.2; 2.3.3; 2.3.4; 2.3.5; 2.3.6; 2.3.7; 2.3.8; 2.5.1; 5.2.1
II.E.2.b Maternal & Infant Health-Newborn Screening	Provides mandated universal newborn hearing screening, prior to hospital discharge, to be conducted in hospitals with at least 100 births annually	\$ 335,686			\$ 335,686	\$ 398,068			\$ 398,068	2.3.1; 2.3.6
II. E. 3 Chronic Disease Prevention	Promotes lifelong healthy eating and physical activity choices through comprehensive education and securing policy and environment changes that support sustainable changes	\$ 1,049,044	\$ 160,513	\$ 11,789,638	\$ 12,999,196	\$ 882,897	\$ 186,113	\$ 12,264,896	\$ 13,333,906	1.1.1; 1.1.2; 1.1.3; 1.5.1; 1.5.2; 2.1.1; 2.1.2; 2.1.3; 2.1.4; 2.1.5; 2.1.6; 2.5.3; 2.5.5; 3.1.1; 3.1.2; 3.2.1; 3.2.2; 3.2.3; 3.2.4; 3.2.5; 3.2.6
II. E. 3. a Youth Smoking	The development of and participation in a youth movement against tobacco, modeled on successful programs in other states is a primary activity of the Division of Tobacco Prevention and Control		\$ 3,046,337		\$ 3,046,337	\$ 3,118,859			\$ 3,118,859	1.1.1; 1.1.2; 1.1.3; 1.5.1; 1.5.2; 2.1.1; 2.1.2; 2.1.3; 2.1.4

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Program Template

Program/Title	Purpose	FY 2013-14 Expenditures				FY 2013-14 Expenditures				Associated Objective(s)
		General	Other	Federal	TOTAL	General	Other	Federal	TOTAL	
II. E. 4 Accessing Public Health Services	Provides the basic infrastructure funding for the operation of local county health departments. These resources support all public health programs.	\$ 20,777,777	\$ 11,553,288	\$ 23,797,547	\$ 56,128,611	\$ 17,323,477	\$ 8,784,032	\$ 13,003,374	\$ 39,110,883	1.1.1; 1.1.2; 1.1.3; 1.3.1; 1.3.2; 1.3.3; 1.5.1; 1.5.2; 2.1.1; 2.1.2; 2.1.3; 2.1.4; 2.1.5; 2.1.6; 2.2.1; 2.2.2; 2.3.2; 2.3.4; 2.3.8; 2.3.3; 2.5.1; 2.5.5; 3.1.1; 3.1.2; 3.1.3; 3.1.4; 3.1.5; 3.1.6; 3.1.7; 3.2.1; 3.2.2; 3.2.3; 3.2.4; 3.2.5; 3.2.6
II. E. 5 Drug Control	Regulates and enforces the laws that govern pharmacies and the dispensing of controlled substances.	\$ -	\$ 1,900,113		\$ 1,900,113		\$ 2,218,567	\$ 50,570	\$ 2,269,137	5.2.4; 5.5.1
II.E.6 Rape	Provides technical support to DHEC state and local staff and contracts with the 16 rape crisis centers throughout the state in service delivery and prevention activities	\$ 632,248		\$ 691,405	\$ 1,323,654	\$ 1,337,681		\$ 881,832	\$ 2,219,513	1.1.1; 1.1.2; 1.1.3; 2.1.2; 2.5.4;
II. E. 7 Independent Living	This program provides many in-home services such as skilled nurses; provides services to special needs clients to live more independent lives; and provides screening, testing, education counseling and managed care.	\$ 5,038,639	\$ 19,662,124	\$ 2,821,732	\$ 27,522,495	\$ 5,158,625	\$ 18,246,184	\$ 2,086,651	\$ 25,491,460	1.1.1; 1.1.2; 1.1.3; 2.1.1; 2.1.2; 2.1.3; 2.1.4; 2.1.5; 2.1.6; 2.2.2; 2.2.4; 2.2.5; 2.4.1; 2.4.2; 2.4.3; 2.5.1
II. E. 7. b Sickle Cell Prof. Education	Provides funding for professional Sickle Cell Education in the hospital setting	\$ -		\$ -	\$ -	\$ 100,000			\$ 100,000	1.1.1; 1.1.2; 1.1.3; 2.3.6; 2.5.1
II. F. 1 Health Care Standards-Radiological Health	Registers, licenses and inspects sources of radiation, including radioactive materials, x-ray machines, CT scanners, mammography units and baggage/security units.	\$ 563,846	\$ 708,844	\$ 99,002	\$ 1,371,692	\$ 789,754	\$ 668,271	\$ 62,463	\$ 1,520,488	1.1.2; 1.1.3; 1.5.1
II. F. 2. Health Care Standards-Health Facilities and Services Development	Promotes cost containment, prevents unnecessary duplication of health care facilities and services, guides the establishment of health facilities and services that best serve the public need.	\$ 649,071	\$ 110,818	\$ 131,151	\$ 891,039	\$ 2,857			\$ 2,857	1.1.2; 1.1.3; 1.5.1

Agency Name: SC Dept. of Health And Environmental Control

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Fiscal Year 2013-14
Accountability Report

Program Template

Program/Title	Purpose	FY 2012-13 Expenditures				FY 2013-14 Expenditures				Associated Objective(s)
		General	Other	Federal	TOTAL	General	Other	Federal	TOTAL	
II. F. 3 Health Care Standards- Health Facilities Licensing	Ensures individuals receiving services are from health care activities licensed by DHEC. Ensures that clients are provided appropriate care and services in a manner and environment that promotes their health, safety and well-being.	\$ 862,795	\$ 966,723		\$ 1,829,518	\$ 1,628,925	\$ 557,908		\$ 2,186,832	1.1.2; 1.1.3; 1.5.1
II.F.4 Health Care Standards - Certification	Ensures all residents, patients and clients of health care providers who receive Medicare or Medicaid payments are afforded the quality of care, which will attain the highest practicable level of well-being.			\$ 4,215,382	\$ 4,215,382			\$ 3,589,344	\$ 3,589,344	1.1.2; 1.1.3
II. F. 5. Health Care Standards - Emergency Medical Services	Develops and coordinates the system of emergency care for victims of sudden or serious illness or injury, including licensing and inspection of ambulance services and certification of medical technicians.	\$ 1,178,408	\$ 244,512	\$ 98,592	\$ 1,521,512	\$ 1,556,788	\$ 910,546	\$ 89,380	\$ 2,556,715	1.1.2; 1.1.3; 1.1.4; 1.5.1; 2.5.4
II.F.5.a Trauma Center Fund	Develops and coordinates the system of emergency care for victims of sudden or serious illness or injury, including licensing and inspection of ambulance services and certification of medical technicians.	\$ 2,267,508	\$ 23,364		\$ 2,290,871	\$ 2,356,679			\$ 2,356,679	1.1.2; 1.1.3; 1.1.4; 1.5.1; 2.5.4
II.G.1 Health Surveillance Support Services - Health Laboratory	Assures that integrated, accurate and cost effective laboratory testing is available to support public health	\$ 1,043,863	\$ 7,169,022	\$ 2,371,476	\$ 10,584,360	\$ 1,069,151	\$ 7,441,044	\$ 2,308,297	\$ 10,818,491	2.3.8; 3.1.2; 3.1.3
II. G. 2 Health Surveillance Support Services - Vital Records	Provides for the registration, correction and certification of all vital events (births, deaths, marriages and divorces).	\$ 126,850	\$ 3,671,954	\$ 2,203,460	\$ 6,002,265	\$ 123,242	\$ 3,419,754	\$ 1,635,347	\$ 5,178,342	2.3.3; 5.2.4; 5.2.5
III. Employee Benefits - State Employer Contributions	Employer portion of state retirement, social security, health insurance, dental insurance, workers compensation and unemployment insurance.	\$ 15,131,979	\$ 15,044,043	\$ 20,169,957	\$ 50,345,980	\$ 15,844,241	\$ 13,536,899	\$ 19,131,217	\$ 48,512,357	
Remainder of Expenditures					\$ -				\$ -	

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Program Template

Program/Title	Purpose	FY 2012-13 Expenditures				FY 2013-14 Expenditures				Associated Objective(s)
		General	Other	Federal	TOTAL	General	Other	Federal	TOTAL	
Florence County HVAC; Florence County Repairs; SC Birth Defects; SC Bleeding Disorder; James R. Clark Sickle Cell; Youth Tobacco Program & Cessation; Best Chance Network; Ocean Water Quality; Community Health Centers; Donate Life; ADAP Prevention; SC Coalition Against Domestic Violence; Kidney Disease Early Evaluation; HIV Prevention-Project Faith; Beach Renourishment; Nurse Family Partnership; Beach Renourishment Trust Fund	Various supplemental appropriations and expenditures.	\$ 2,866,634	\$ 9,900		\$ 2,876,534	\$ 4,425,014	\$ 79,658		\$ 4,504,672	1.1.1; 1.1.2; 1.1.3; 1.3.3; 1.4.1; 1.4.2; 1.5.1; 1.5.2; 2.1.1; 2.1.2; 2.1.3; 2.1.4; 2.1.5; 2.1.6; 2.2.1; 2.2.2; 2.2.4; 2.2.5; 2.3.1; 2.3.2; 2.3.3; 2.3.4; 2.3.6; 2.3.8; 2.4.1; 2.4.2; 2.4.3; 2.5.1; 2.5.3; 2.5.4; 2.5.5; 3.1.1; 3.1.2; 3.1.3; 3.1.4; 3.1.5; 3.1.6; 3.1.7; 3.2.1; 3.2.2; 3.2.3; 3.2.4; 3.2.5; 3.2.6; 4.1.1; 4.1.2; 4.1.3; 4.1.4; 4.1.5; 4.2.1; 4.2.2; 4.4.1; 4.4.2; 4.4.3; 5.2.1
		\$ 95,393,530	\$ 166,593,511	\$ 230,799,586	\$ 492,786,627	\$ 100,179,682	\$ 170,049,907	\$ 211,637,162	\$ 481,866,751	